

**A Project to further coordinate the processes, relationships and responsibilities of the State Board of Health and the Department of Health**

**Summary prepared for Board retreat  
September 6, 2005  
By Sam Magill**

Project purpose  
Interview data  
Developing Solutions  
Accountability between Board and Department

## **Project Purpose:**

In December, 2004, the Board Chair, Executive Director, Secretary of Health and others met to discuss the sometimes turbulent relationships between the Board, its staff and the Department. This conversation resulted in a project intended to:

1. Understand differences between the organizations
2. understand the connections
3. Improve work processes
4. Improve the partnership while honoring differences

## **INTERVIEWS**

Interviews were conducted with Board staff, Board members and Department staff including Secretary, Deputy Secretary, Assistant Secretaries, Program managers and topic experts. The following lists and comments provide an executive summary of the findings.

### **Fundamental challenges:**

- To manage the combined perspectives of public policy, science, money, politics and diverse populations.
- To establish and maintain sufficient rule, policy, process and scientific knowledge among legislators, public, agencies, staff to address public health needs.
- To help these groups understand that SBOH and DOH are different.
- To understand that while rule making is important, it is only one step in establishing and administering public health policy and implementation, and both the Board and the Department interact on more than rules. The goal is not rule making itself.

### **Areas of discovery**

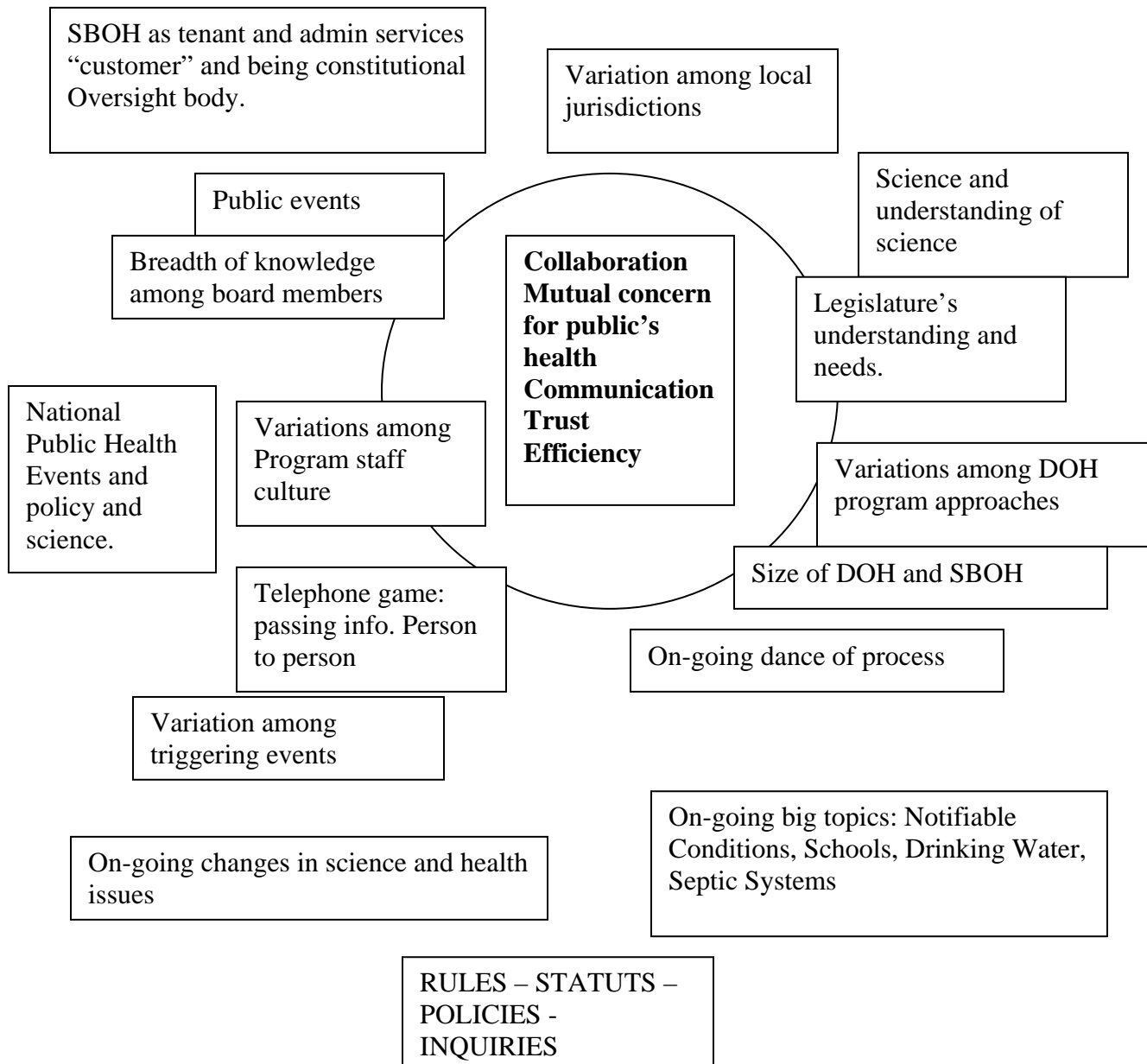
- Variation in knowledge of existing procedures, variation of issue complexity, amount of scientific / technical detail and knowledge and variation among division leadership / staff and culture contribute repeatedly to process or relationship breakdowns.
- For people who have not been involved in public policy work, there is much confusion and opportunity.

State Board of Health+++++Department of Health  
A new level of partnership

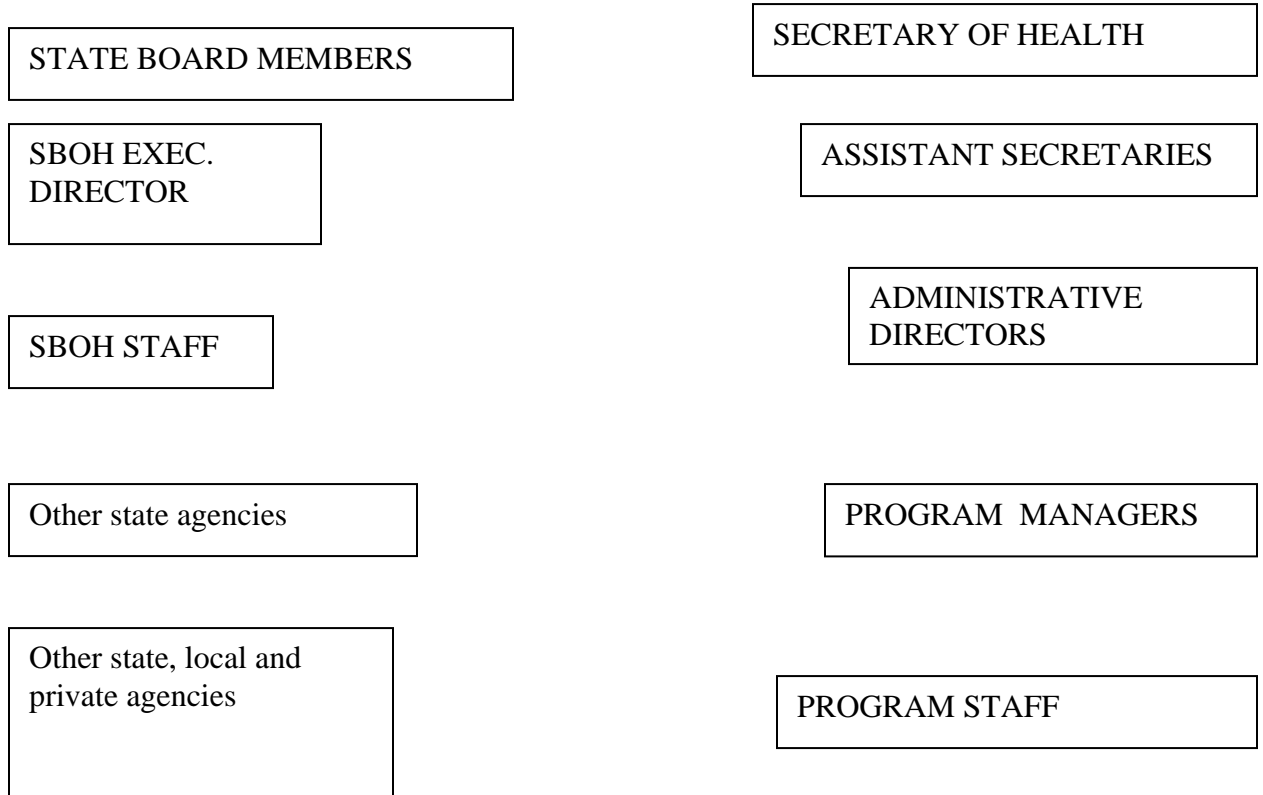
- In fact, the perspectives of DOH and SBOH are very different. DOH uses knowledge of health science and populations as well as administration priorities to strategize for the best public health. SBOH uses public opinion, technical input from others, Board member priorities and an appropriate “watch dog” perspective to set health policy. The web sites of the two are markedly different even though they both cover rules, agendas, public meetings.
- Three organization issues are continually experienced among both Department and Board staff: Inclusion, Control and Openness.
- There will be many process faults (as in tennis). The leadership task is to maintain civility, inclusion, control and openness as on-going conversations while allowing essential differences.

## Complexity

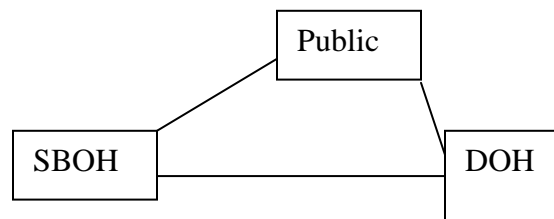
The “authorizing environment” for public health policy is inherently complex and there will likely be needs for adjustments in specific situations. Conflict will occur and can be managed.



## PLAYERS AND FACTORS IN COLLABORATION



**By definition, we're working in a hot triangle**



## **ADDITIONAL FINDINGS AND QUESTIONS**

- There is much previous work on flow charts, check lists, process explanations, and planning.
- Connections around the procedures seem to be between the “rules” coordinators and Board members/staff while much detailed work involves people who do not understand the Board.
- There are vastly improving relationships.
- Craig has made substantial contributions to good relations.
- There is limited understanding of complex science by SBOH staff.
- SBOH can “launch 10,000 ships just by asking:
  - Wouldn't it be nice if...
  - I think we need to have...
  - Request a report on....
- Opportunity: DOH asking board to elevate policy discussion on emerging issues
- Opportunity: SB staff checking on DOH workload and impact before launching activity
- When is final final?
- Important NOT to assume that silence means agreement or consent!
- Difficult for DOH staff when there has been collaboration and a Board member shifts or challenges....just feels crummy but that's public policy life?
- Need to know SBOH staff isn't the Board any more than program staff are the Secretary; there might be different messages as ideas development. Check them out.
- Within SBOH staff, coordination is needed so DOH gets consistent information.
- What is the best way to send technical information from a science expert (e.g. an epidemiology doctor or nurse) through Board staff to Board?

## **REASONS TO COLLABORATE?**

- There is a balancing act between constitutional role and collaboration.
- Healthy differences are needed.
- Coordination of Public health reports – PHIP and State of Health reports.
- Because public doesn't know there's a difference and sees red when two state entities don't agree.
- Because public health is really complex.

- Because of overlapping/ tangled authorities.
- To keep learning.
- Some DOH staff are so super-technical that merging their ideas with public policy or working with policy staff is a stretch.
- Collaborate might be wrong word: In some ways DOH and SBOH are suppliers to each other. Might be better served by focusing on interdependence in which each unit / subunit needs things. This could reinforce that you are distinct but related entities.

## **EMERGING SOLUTIONS**

### **Role clarification**

Board staff and department staff are continuing this effort. Clarification will help, but will not fully address issues of partnership and collaboration. Methods and agreements are needed to address issues as they arise.

### **Rapid Huddles**

- A rapid huddle is a meeting of all the parties involved in a given project to address current issues before they become points of conflict.
- Huddles must occur at the beginning of a project in order to address: scope of the issue, duties of each person in this context, processes to be used or modified, challenges, range of views likely, Board intention, Secretary position.
- Huddles can benefit at project mid-point even if there are no known “hot” issues.
- Huddles at the end are essential for learning and clearing.

### **Orientation**

There are two kinds of orientation: 1) General orientation to the work the Board and Department undertake, their respective roles and the nature of public health policy development. 2) Orientation about how work gets done.

### **General Orientation audience: 4 hours (tentatively)**

SBOH Board members

SBOH staff

DOH program staff involved:

Program experts

Rules Coordinators (division and department)

Office Directors

Assistant Secretaries

## **Learning Objectives for General Orientation:**

- Understand what authority is granted by whom to whom.
- Understand what public health policy is, how it supports DOH / SBOH missions, how policy directs our activities and priorities – and that “rules” are simply means to adopting and administering public health policy.
- Demonstrate how DOH and SBOH can articulate the value of their own contribution and that of the other as well.
- Consider the origins of Washington public policy structure
- Describe distinct and shared roles: these are the people on the overall team
- Clearly state that SBOH and DOH belong “in the sand box”
- Clarify the role of public forums
- Understand the range of action: rules, letters, resolutions, reports, studies, policy recommendations, work with legislature...
- Become familiar with dilemmas and challenges of combining science with public policy.
- Understand the complexity of the authorizing environment

## **Learning Objectives for “how to” orientation**

- Know how to work collaboratively among department, board, board staff and programs so that each person can be successful in her / his unique role and get the work done.
- Understand that rule making is only a part of public health administration and working with the board is a vital step in creating good and viable public health activities.
- Use cases studies to demonstrate and learn about a variety of situations.
- Learn basic conflict management skills.
- Be aware of official / standard processes for rule development.



## ACCOUNTABILITY

The Board counts on the department for :

- Implementing policy in ways consistent with intent
- Development of rules in timely and complete fashion
- Good staff work (solid content, analysis of decisions, science, and on time.)
- 
- 
- 

The Department counts on the Board for:

- Policy directions
- Timely decisions
- Evidence based decisions
- Understanding the issue
- Clear policy statements and justification
- Being prepared and well informed.
- 
- 
- 

## NEXT STEPS

1. Complete orientation design.
2. Hold beta test of orientations (mid October)
3. Debrief and adopt or change final plan with original planning group (Board Chair, Secretary, Board Executive Director, Deputy Secretary, Rules Coordinator.)